

REQUEST FOR CERTIFIED LIST OF ABUTTERS



TOWN OF BOYLSTON BOARD OF ASSESSORS

221 MAIN STREET
BOYLSTON, MA 01505
TEL: 508-869-6543

PROJECT NAME: _____

STREET LOCATION: _____

OWNER: _____

TAX MAP AND PARCEL: _____

ABUTTERS LIST FORMAT

☐ PAPER WITH LABELS (\$25)

☐ DIGITAL (FREE)

VARIANCE _____

SPECIAL PERMIT _____

PRELIMINARY PLAN _____

DEFINITIVE PLAN _____ OTHER (SPECIFY) _____

PLEASE REFER TO EACH BOARD'S REQUIREMENTS

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

FOR OFFICE USE ONLY

The Board of Assessors makes the following amendments to the above list:

This is to certify this is a List of Abutters to **Map** _____, **Parcel** _____ or as cited above but not necessarily in its entirety.

Date: _____

Board of Assessors

PLEASE ALLOW 10 BUSINESS DAYS TO PROCESS